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Reducing uLTFU and Increasing the PLHIV who Return to Care

Facility based strategies

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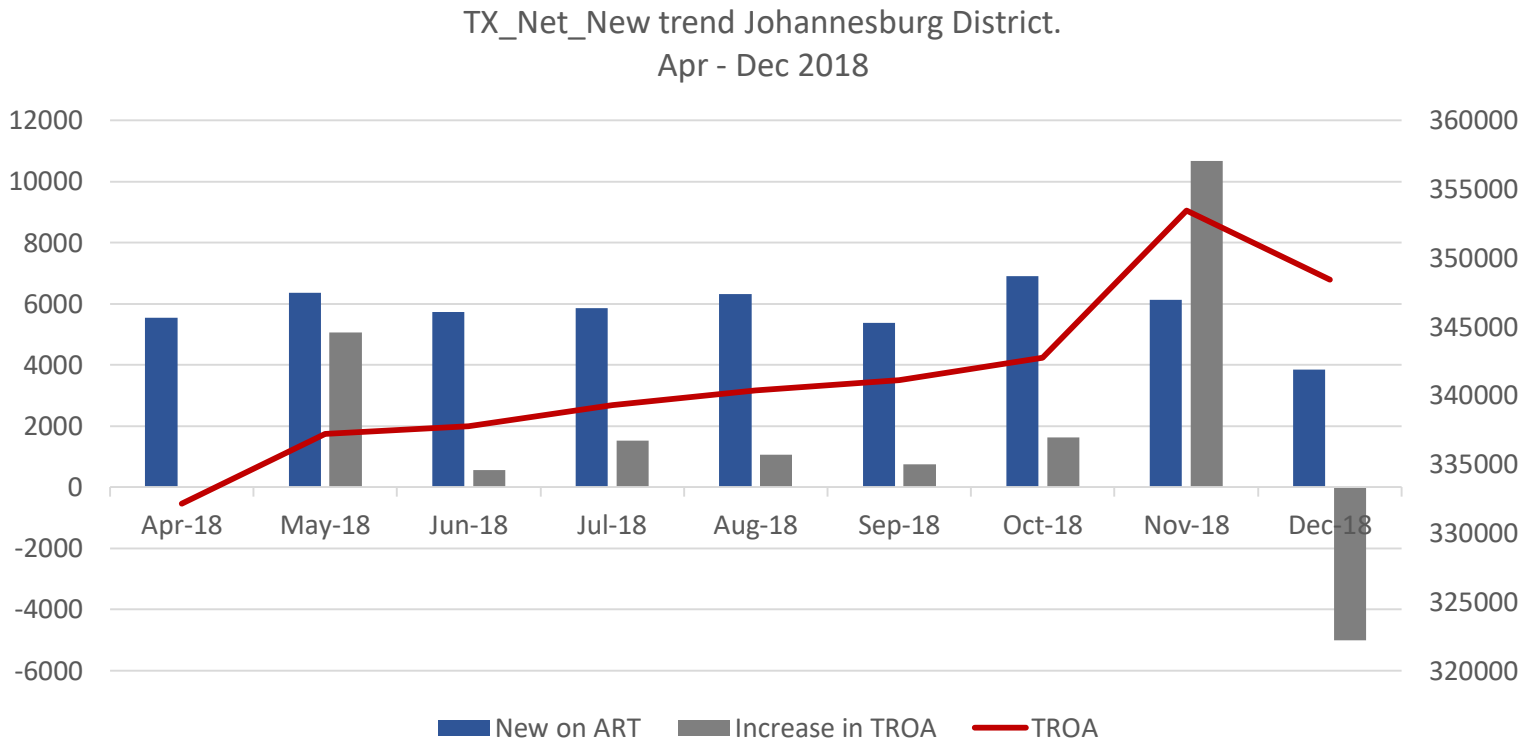
PEPFAR

USAID FROM THE AMERICAN PEOPLE

The Problem: Poor NET_NEW



Number of patients remaining on ART not proportional to number started on ART. Therefore programme growth is poor.

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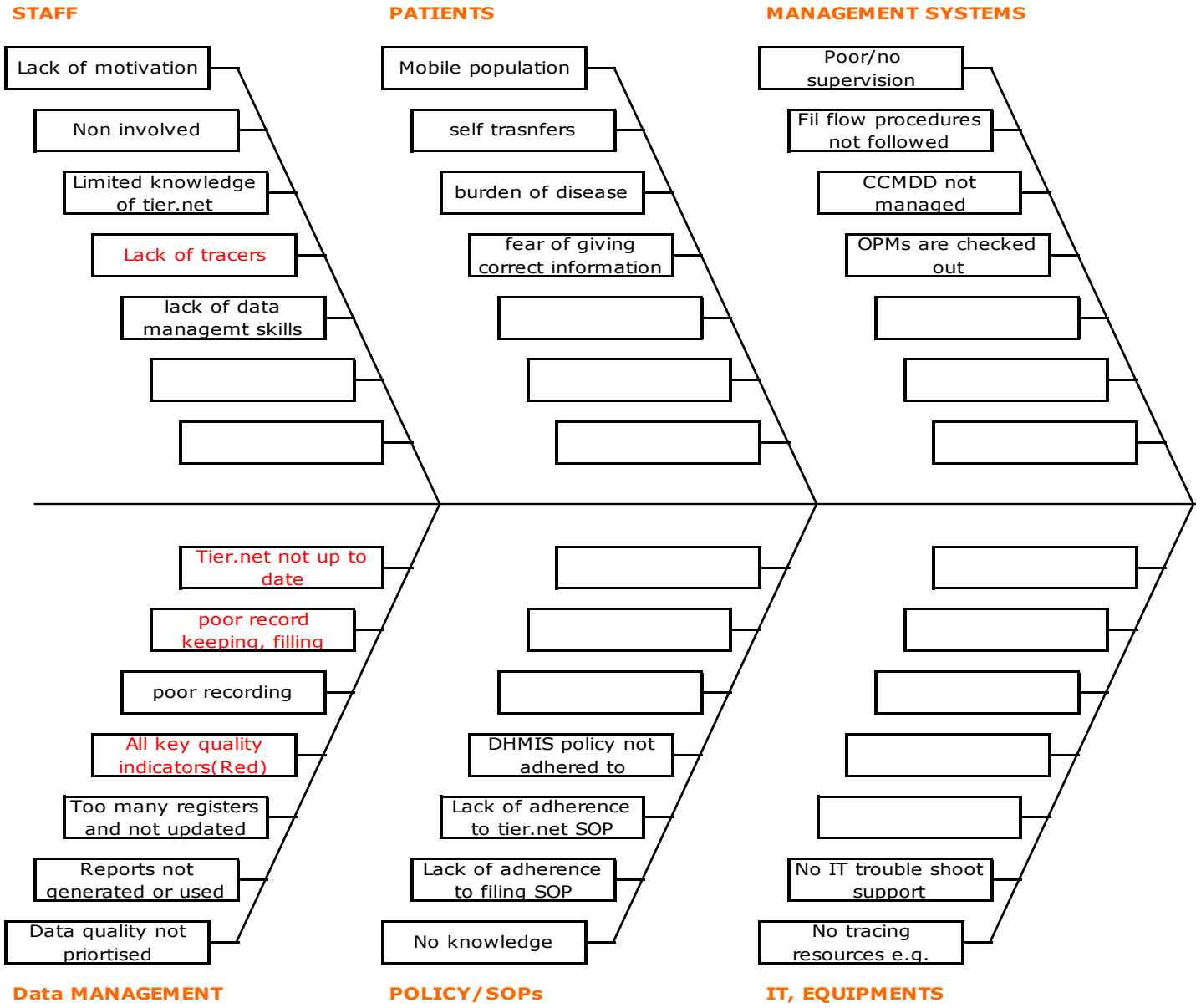
Underlying Cause for Poor Data Quality/ 28 Days “uLTF”



uLTFU & unstable TROA

Acknowledgement: Dr Mawela, AquaH for the slide

AQuaH Academy for Quality Healthcare

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Two pronged approach to increasing TX_Net_New

Tracing & relinking to care those who are lost

- Telephonic, electronic & household tracing
- Facility Point of Contact person (Jabu) to navigate returning patients

Preventing new (&existing) patients from getting lost

- Patient navigators/Linkage Officers (Jabu)
- Decanting stable patients
- Linking new patients to adherence support programs

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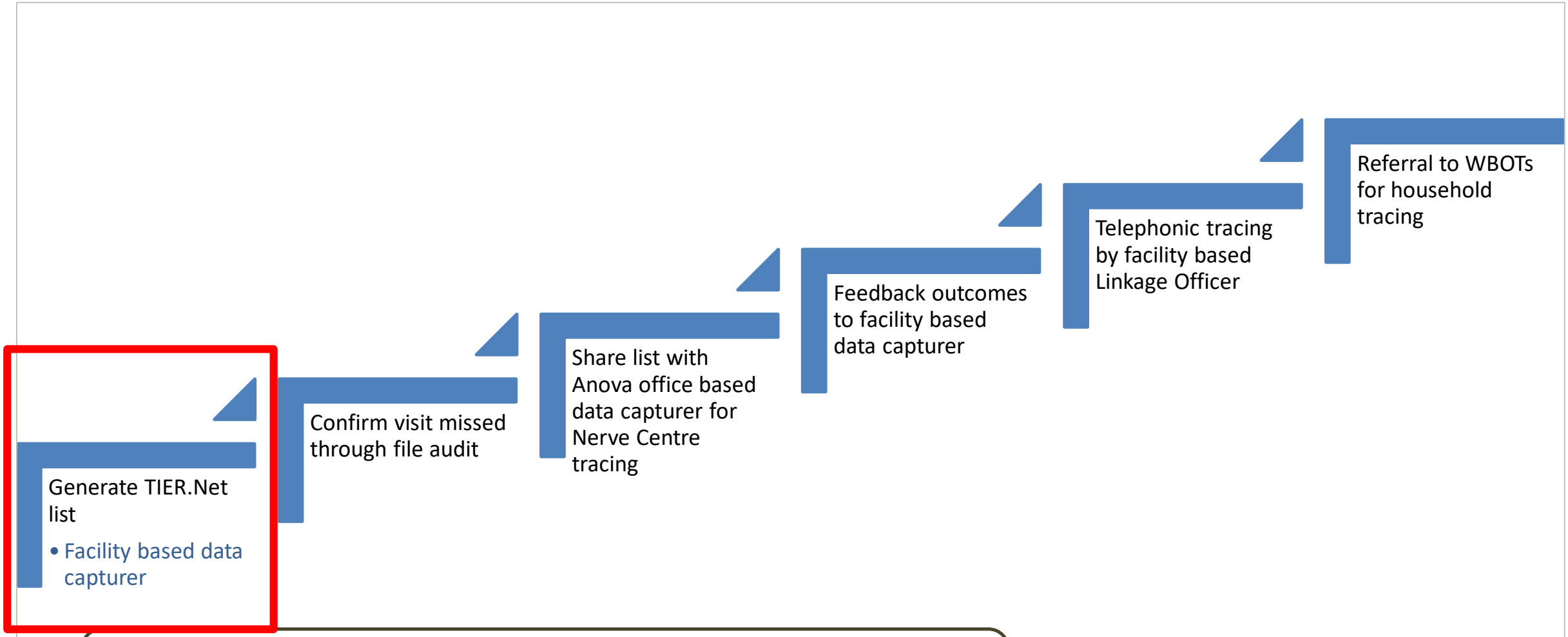
Anova's Stepwise approach to return to care



Early tracing has higher return rates! Majority of patients found to be active with uncaptured visits or active in multiple facilities

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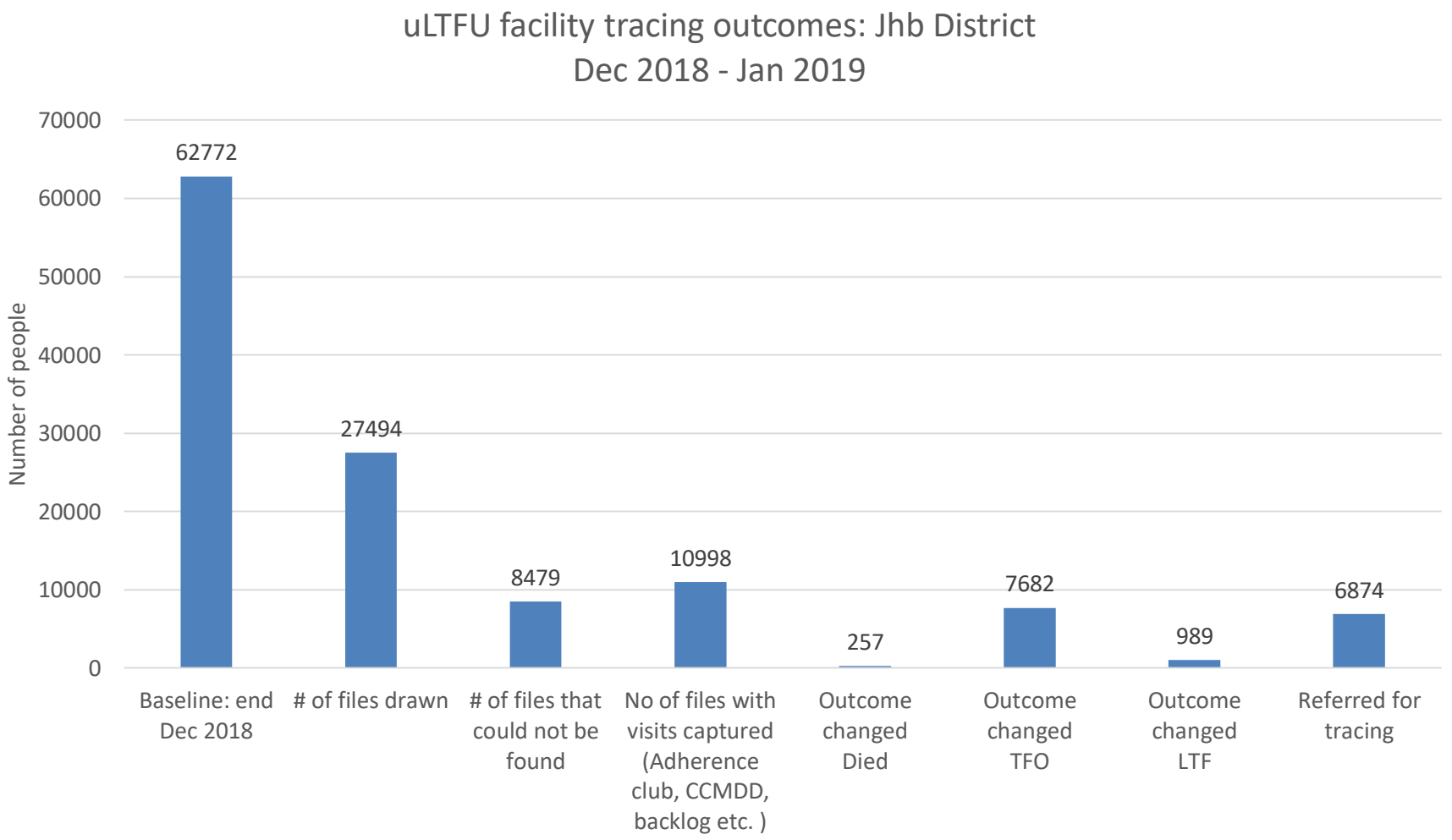
40% of patients on uLTFU list found to still be active in care



Costing for SWAT data mop up:

- Additional admin staff to pull files for audit
- Data capturer to generate list & update outcomes (existing/additional)
- Desktop/laptop for capturing of outcomes
- Daily supervisor

NB! No additional staff needed for maintenance/continuous updates

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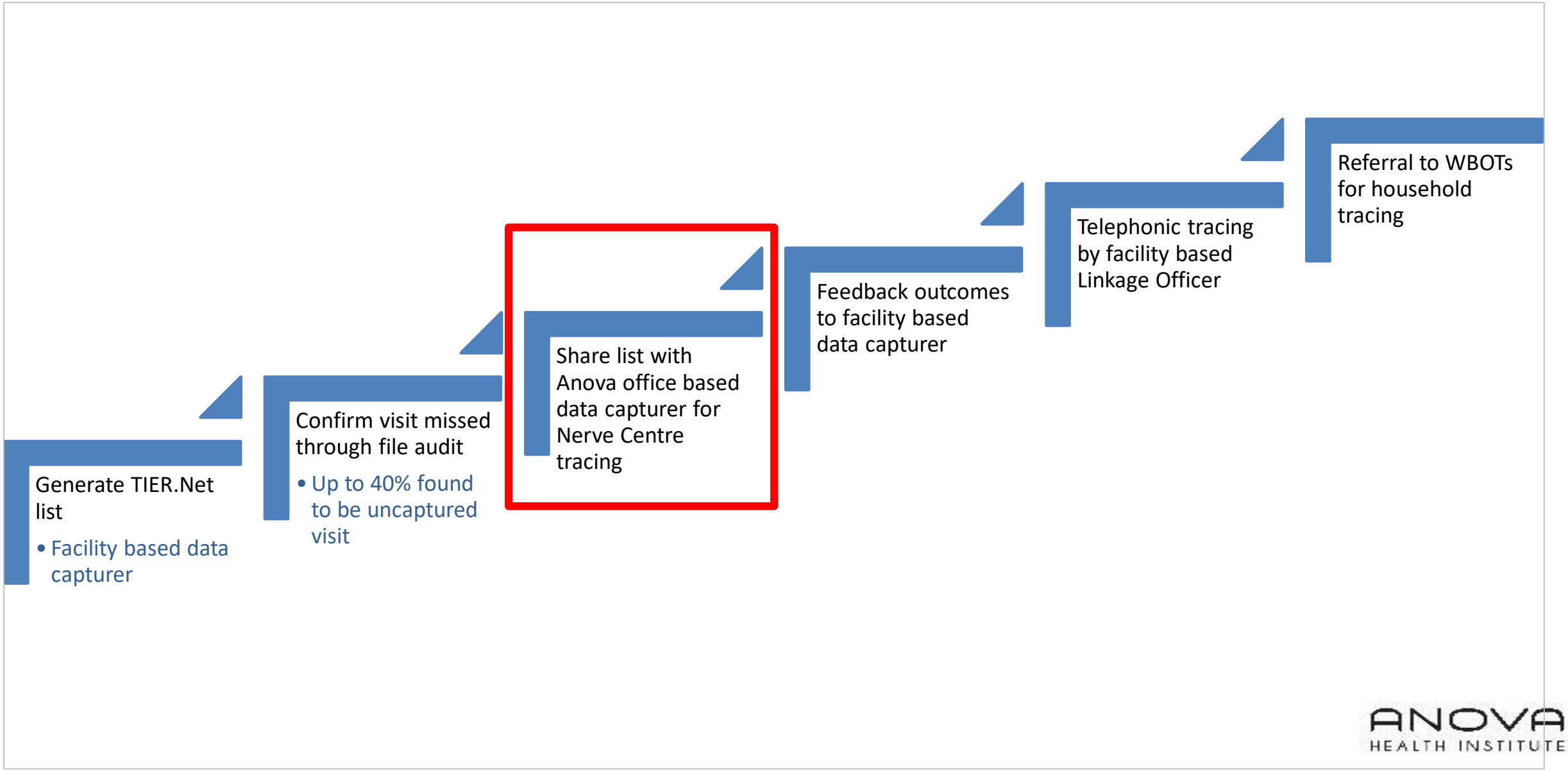
Anova's Stepwise approach to return to care



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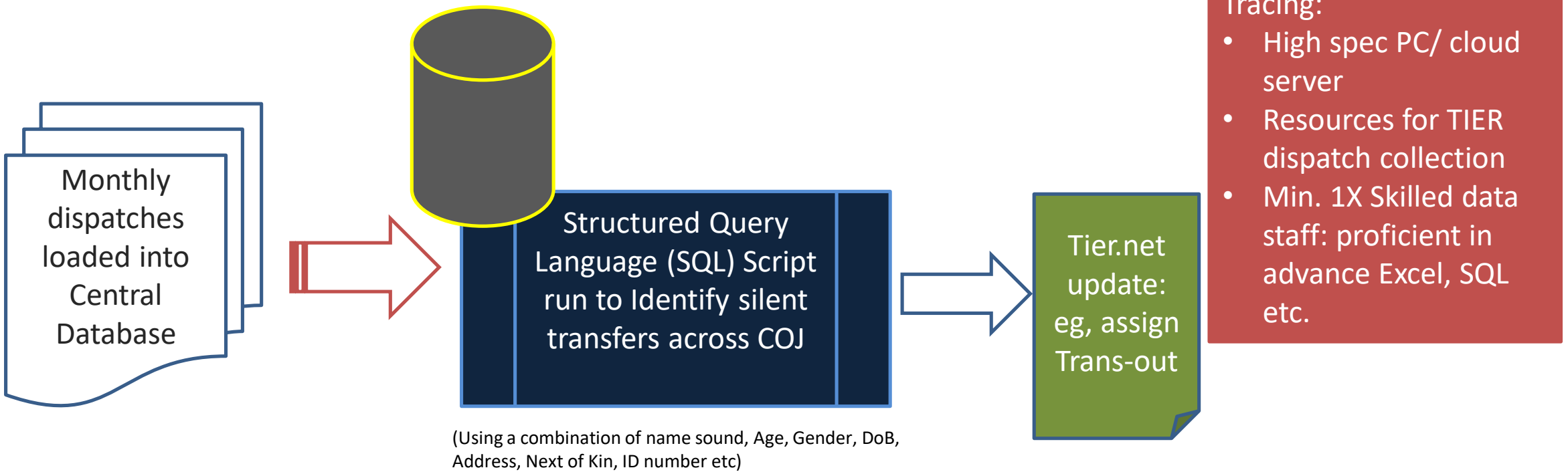
Nerve Centre Tracing



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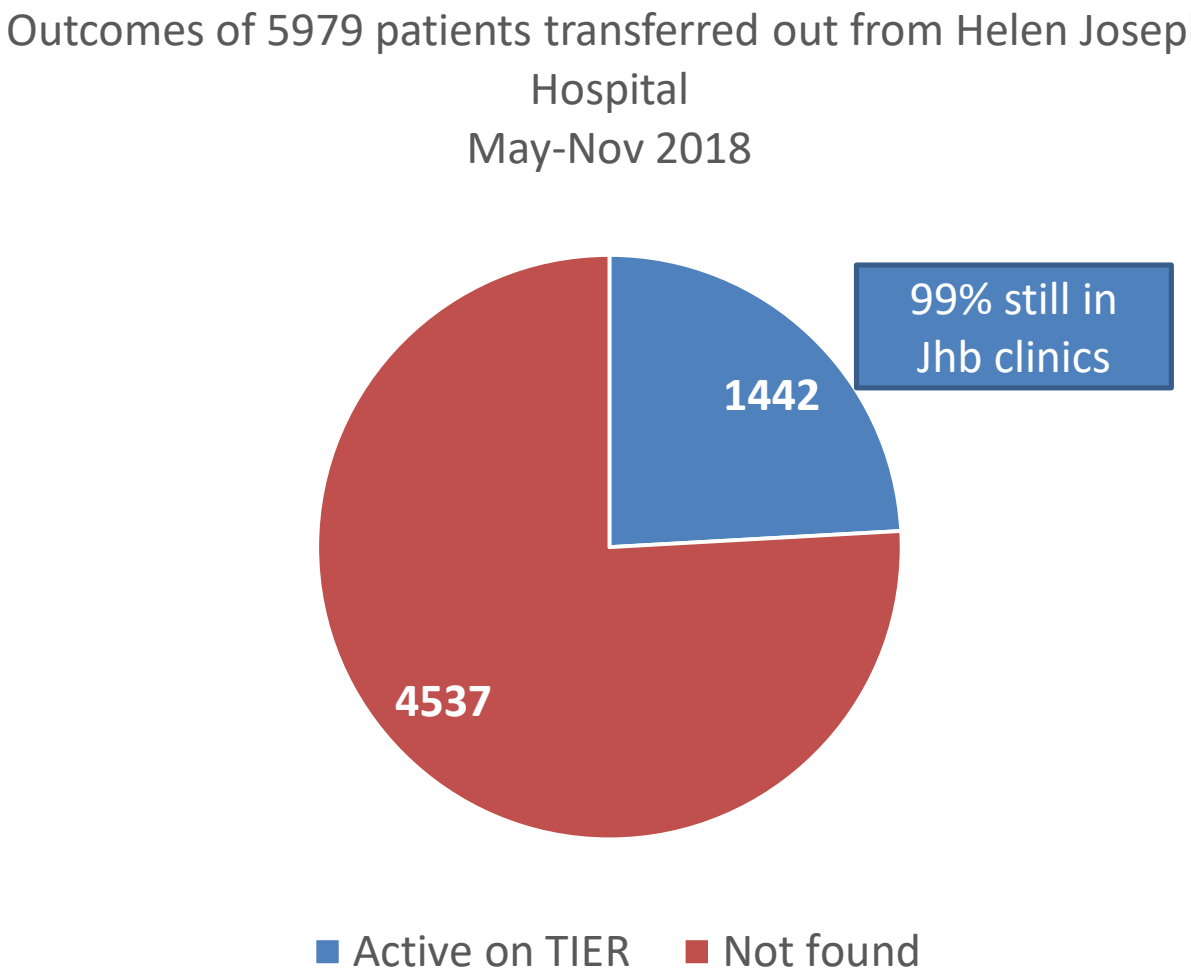
32% of Transfer out (TFO) patients from secondary hospital confirmed to still be in care within the district



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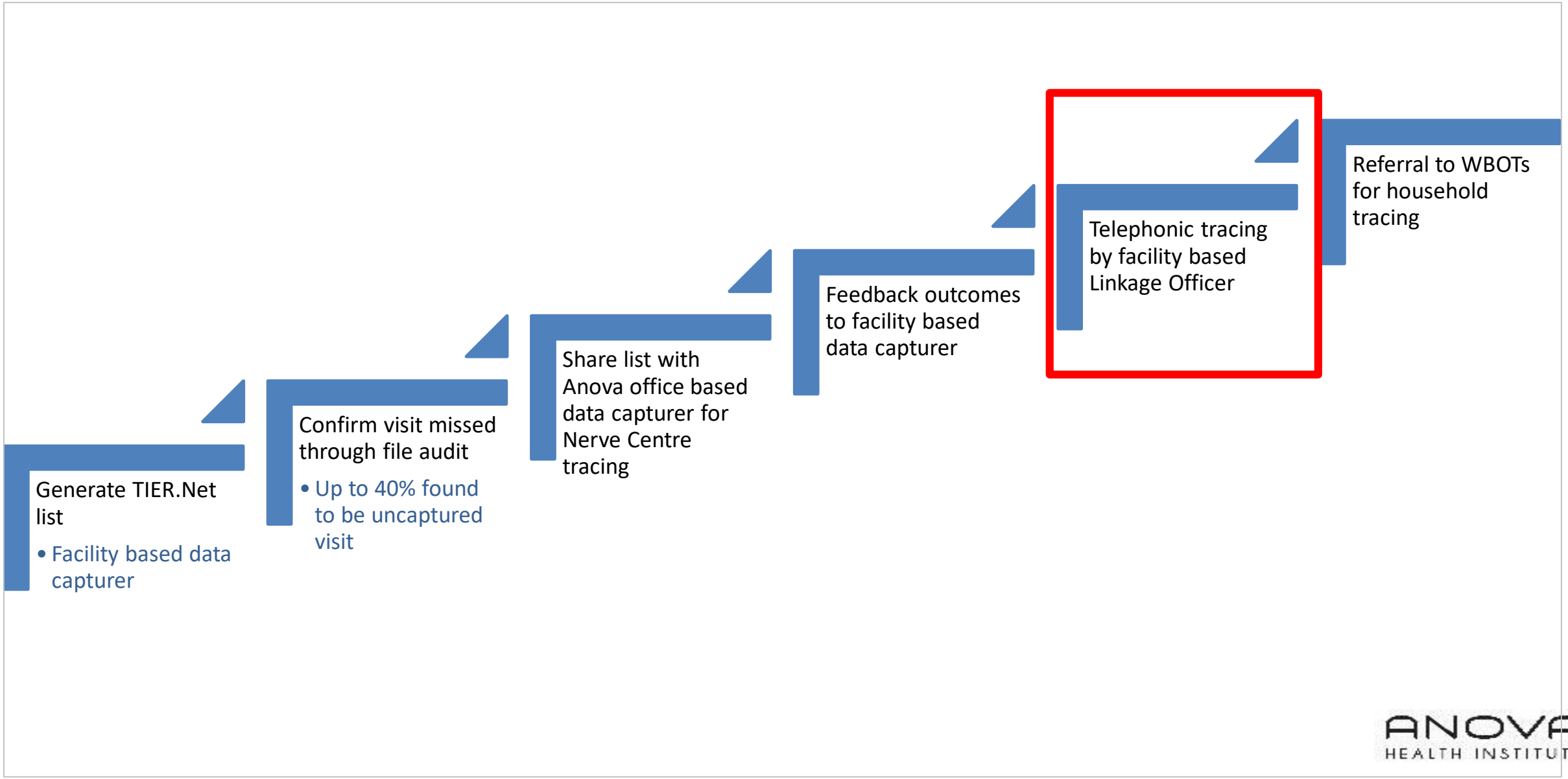
Anova's Stepwise approach to return to care



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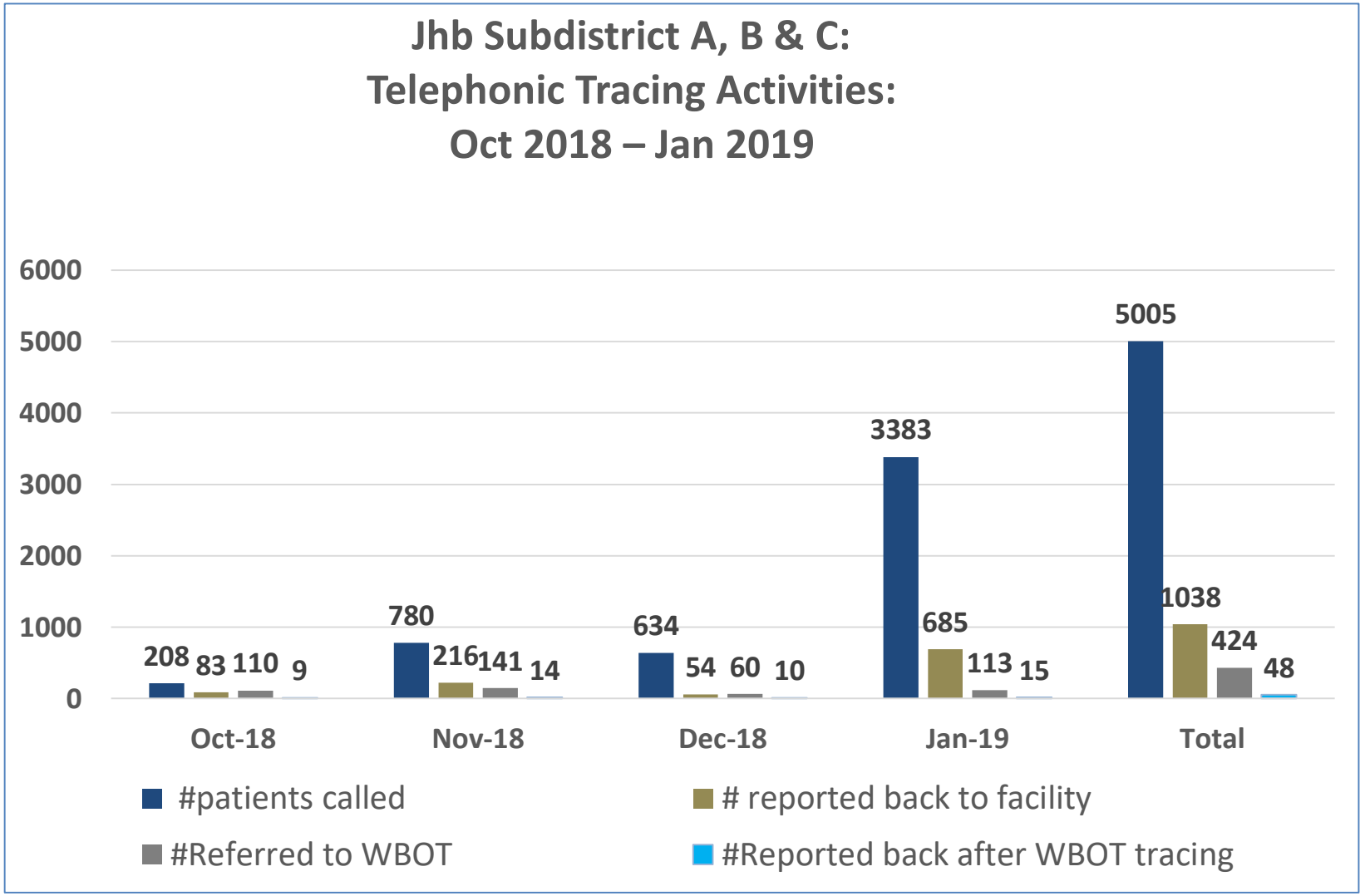
Telephonic Tracing returns over 20% of PLHIV to care in 35 clinics



Costing for Facility based Telephonic Tracing:

- Cellphone
- Airtime
- Tool to record tracing outcomes
- Linkage Officer/Tracer (existing Anova staff)
- Coordinator to review/analyse tracing outcomes and give guidance (existing Anova staff)

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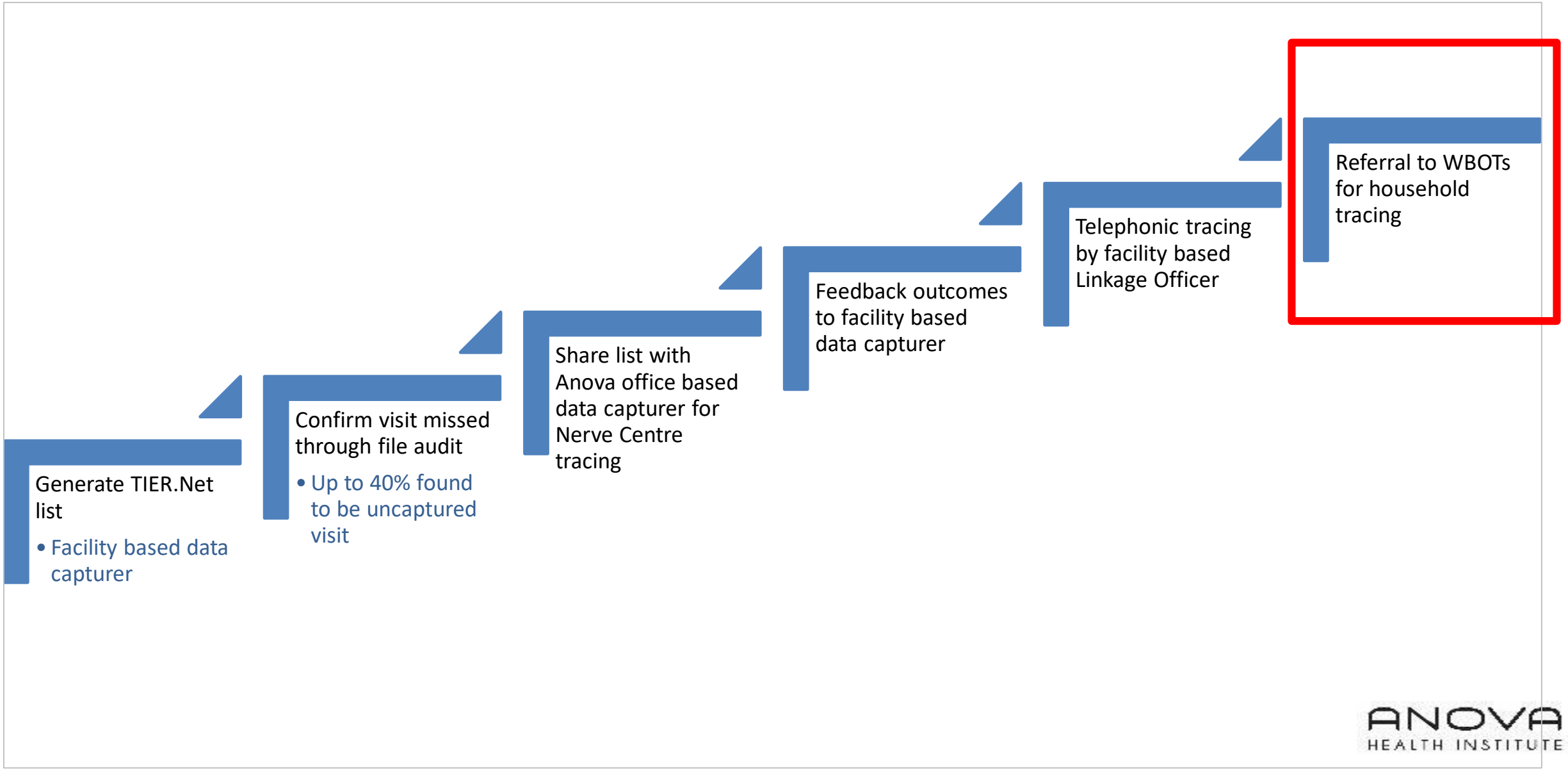
Anova's Stepwise approach to return to care



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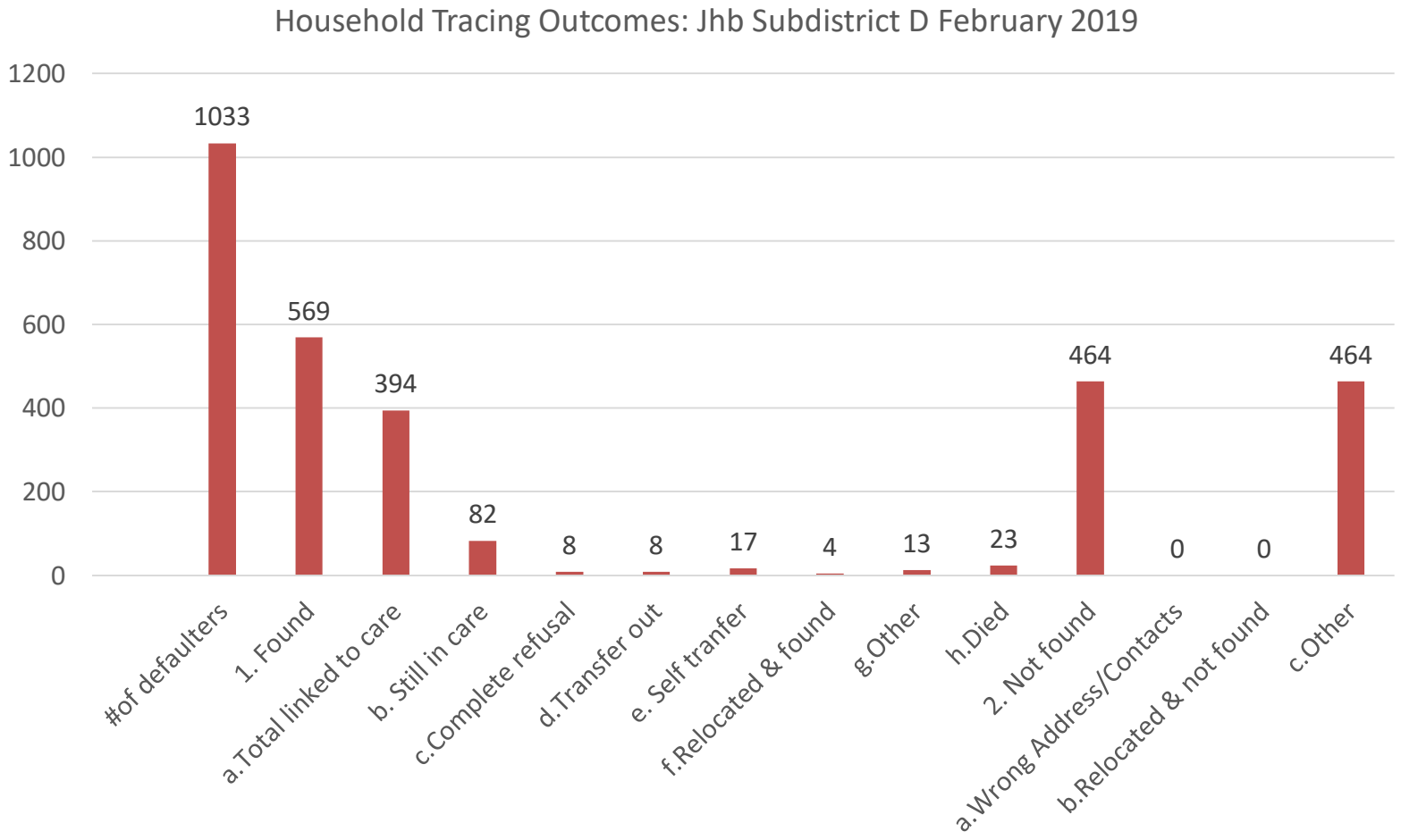
Feb Blitz: 394 PLHIV in Soweto relinked to care through Household Tracing by CHWs



Costing for household tracing:

- Team Leader for CHWs/Community tracers (new staff)
- CHWs/Community tracers (existing DOH)
- Tool to record tracing outcomes

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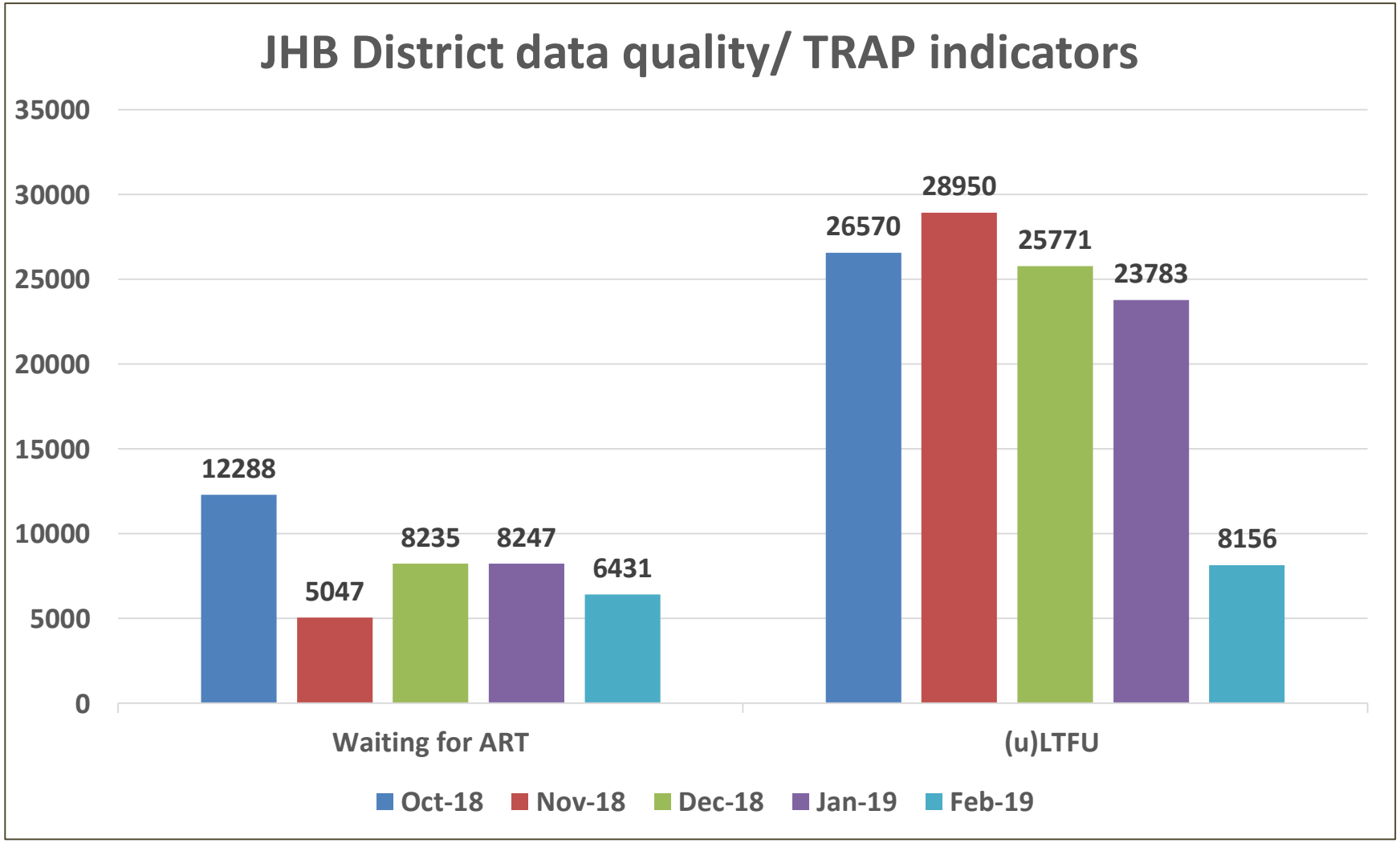
Progress with reducing uLTFU and relinking PLHIV to Care



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Conclusions & Recommendations

- Returning patients to care has to be a multi-pronged approach.
  - Data “clean-up”, active tracing using multiple approaches, intentional about keeping in patients in care in the first place
  - No ONE method will reach & relink everyone

- Investment in resources that support electronic tracing & centralized tracing centres is worthwhile and a valuable support for facility & community based tracing efforts
  - District/cluster level servers
  - Networking of facilities
  - Skilled staff for data analysis
  - Call centres etc.

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